

Foster Family Home - Corrective Action Report

Provider ID: 1-100030

Home Name: Resurreccion Buan, CNA

Review ID: 1-100030-12

91-1044 Uouoa Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 12/23/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection made for a 3 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain
Compliance Manager

Resurreccion B. Buan
Primary Care Giver

12/23/19
Date

12/23/19
Date